


Woods

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits</p> <p>1. </p> <p>Officer Armstrong Montgomery Police Department P. O. Box 159 Montgomery, AL 36101</p>	<p>A. Signature <u><i>Cadit News Baily</i></u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>9-27-07</u></p> <p>Is address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
<p>2. Article Number (Transfer from service label)</p> <p><u>2:07CV852-WHA (as due 11/26/07) (comp/accu/R+R)</u></p>	<p>3. Service type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>7007 1490 0000 0026 5070</p>							

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540